Certificate of Express Mailing
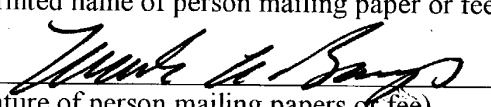
Express Mail" Mailing Label Number: **EL657629188US**
Date of Deposit: **03/19/2001**
Ref: Case Docket No.: **P1560**
First Named Inventor: **Dan Kikinis**
Serial Number: **09/073,019**
Filing Date: **05/04/1998**
Title of Case: **Tailoring Data and Transmission Protocol for Efficient Interactive Data Transactions Over Wide-Area Networks**
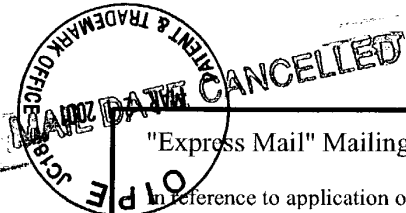
I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

1. Amendment D.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Certificate of express mailing.
5. Postcard listing contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)

(Signature of person mailing papers of fee)

03-21-01

"Express Mail" Mailing Label Number: EL657629188US

CASE DOCKET NO.   P1560

In reference to application of Dan Kikinis

Serial No. 09/073,019

For Tailoring Data and Transmission Protocol for Efficient Interactive Data Transactions Over Wide-Area Networks

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

☒ No additional fee is required.

☐ Small entity status of this previously submitted. application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.

☐ A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

☐ The fee has been calculated as shown below.

**** CLAIMS AS AMENDED ****

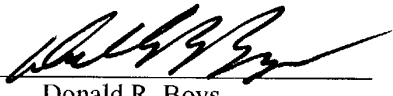| (1)	(2) Claims Remaining After Amendment	(3)	(4) Highest No. Paid For Previously	(5) Present Extra	(6) Rate Small Entity	(7) Rate Large Entity	(8) Additional Fee
Total Claims	37	Minus	** 37	0	$ 9	$ 18	$ 0.00
Indep Claims	11	Minus	*** 11	0	$ 40	$ 80	$ 0.00
☐ First presentation of a multiple dependent claim					$ 0	$ 0	$ 0.00
Extension Fee	☐ 1st Month		☐ 2nd Month		☐ 3rd Month		$ 0.00
Total additional for claims and time extensions							$ 0.00

** If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

*** If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

**** Multiple dependencies, if any, included in the above calculation.

* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

☐ A check in the amount of ___0.00___ is attached.

☐ Charge $_____to deposit account ___50-0534___. (A duplicate of this sheet is enclosed)

☒ Please charge any additional fees or credit overpayment to Deposit Account ___50-0534___. A duplicate of this sheet is enclosed.

Respectfully Submitted, _____
Donald R. Boys
Reg. No. 35074

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